

CALIFORNIA FIRE & RESCUE TRAINING AUTHORITY

OFFLINE COURSE REGISTRATION

PLEASE PRINT OR TYPE:

TODAY'S DATE: _____

COURSE TITLE: _____

LOCATION: _____

COURSE DATES: _____

COST: _____

Name and Title: _____

Social Security: _____

Date of Birth: _____

Agency: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail Address: _____

PAYMENT INFORMATION

(please pay prior to class)

- ☐ Check enclosed payable to: **CA Fire & Rescue Training Authority**

Check # _____ Check amount _____

- ☐ Purchase order attached: # _____

- ☐ Invoice my agency. Attention: _____

- ☐ Charge to: ☐ Mastercard ☐ Visa

Card Number: _____ Expiration Date: _____

Signature: _____

Completed registration form may be:

Faxed to: (916) 566-4406
Mailed to: California Fire & Rescue Training Authority
4427 Dudley Blvd.
McClellan, CA 95652